



State of Connecticut

Department of Public Safety / Division of State Police

Dec 14 '04 15:13 P.02/03

ACCIDENT INFORMATION SUMMARY

State Police Troop: Troop "G" BridgeportCase Number: DPS-04-062318Investigating Trooper: Garcia # 1199Date: 12/14/2004Time: 0613 hours

Notations:
 Traffic: Med
 Weather: Clear
 Lane of
 Direction of Travel:
 N S E W

No. & Type of Veh's Involved: 3 Vehicles
(Passenger Car, Truck, Bus, Etc.)Related Information: Tree/Guidrail
(Pedestrian, Pole, Bridge Abutment, Etc.)Town / City: New CanaanLocation of Accident: Route 15 westbound, w/o Ponus Ridge o/pUtility Pole Name & Number (If Applicable): Other (Specify): Oper #1: Benzyk, Charles A.DOB: 09/02/1983Gender: ☒ M ☐ FAddress: 1 Heather LaneTown: DarienState: CTZip: 06820Oper. Lic. # 097413430Type: State: CTOwner #1: Benzyk, VictorAddress: SameRegistration Plate: 895 TCGState: CTMake: Land Rover Model: Range Rover Year: 1992VIN: SALHV1243NA612052Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/AInsurance Company: Safeco #K1682919Insurance Policy #: K1682919Injuries: internal injuriesVehicle Damage: heavy rolloverVehicle Towed: ☐ No ☒ Yes, New Canaan AutoOccupant(s): [Name / DOB / Address / Position in Veh]Oper #2: Devos, GregoryDOB: 06/07/1969Gender: ☒ M ☐ FAddress: 36 Curtis TerraceTown: FairfieldState: CTZip: 06825Oper. Lic. # 067525263Type: State: CTOwner #2: SameAddress: SameRegistration Plate: 125 SZOState: CTMake: Saturn Model: SL2 4-door Year: 1999VIN: 1G8ZK5277XZ143391Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/AInsurance Company: ProgressiveInsurance Policy #: 50122310-1Injuries: deceasedVehicle Damage: heavy front/roofVehicle Towed: ☐ No ☒ Yes, New Canaan AutoOccupant(s): [Name / DOB / Address / Position in Veh]Oper #3: Fardy, Thomas F.DOB: 10/25/1949Gender: ☒ M ☐ FAddress: 1413 Cutspring RoadTown: StratfordState: CTZip: 06614Oper. Lic. # 102045836Type: State: CTOwner #3: SameAddress: SameRegistration Plate: 274 SUNState: CTMake: Chrysler Model: Cirrus 4dr Year: 1998VIN: 1C3EJ56H4W159360Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/AInsurance Company: ProgressiveInsurance Policy #: 75026234-9Injuries: Head traumaVehicle Damage: Heavy front/roofVehicle Towed: ☐ No ☒ Yes, New Canaan AutoOccupant(s): [Name / DOB / Address / Position in Veh]Oper #4: DOB: Gender: ☐ M ☐ FAddress: Town: State: Zip: Oper. Lic. # Type: State: Owner #4: Address: Registration Plate: State: Make: Model: Year: VIN: Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Insurance Policy #: Injuries: Vehicle Damage: Vehicle Towed: ☐ No ☐ Yes, Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

Vehicle #1 was traveling on Route 15 eastbound, west of the Ponus Ridge Road overpass. Vehicle #2 was traveling on Route 15 westbound, west of the Ponus Ridge Road overpass in the left lane. Vehicle #3 was traveling a few car lengths behind vehicle #2. Operator #1 lost control of his vehicle and crossed the median, and onto westbound traffic. Vehicle #1 landed on the hood and roof of vehicle #2, before being propelled into the air. Vehicle #2 continued traveling westbound and came to an uncontrolled stop in the shoulder. Vehicle #3 then struck vehicle #1 as it was landing between the left and right lane. Vehicle #1 rolled on top of vehicle #3 and came to rest in the right lane on its roof. Vehicle #3 continued westbound and came to rest in the median after striking the metal beam guide rail. Operator #2 was pronounced dead at the scene.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company New Canaan ☐ No

Patient Name: Benzyk, Charles A.

Hospital: Stamford Hospital

Injuries: Internal injuries

#2 Ambulance ☒ Yes, Company New Canaan ☐ No

Patient Name: Fardy, Thomas F

Hospital: Stamford Hospital

Injuries: Head trauma

#3 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

#4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name Devos, Gregory

Next of Kin Notified? ☒ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature _____ # _____ Date _____